

FOIA REQUEST FORM

Date of Request

Rank/Mr/Mrs/Ms First Name Middle Initial Last Name

Social Security Number MOS Branch of Service

Mailing Address

Home Telephone Number

Work Telephone Number

To: Freedom of Information Act (FOIA) Coordinator
Office of the Staff Judge Advocate
Marine Corps Base, Camp S.D. Butler, Unit 35002
FPO AP 96373-5002
TEL: 645-7461
FAX: 645-3743

Subj: FREEDOM OF INFORMATION ACT (FOIA) REQUEST

1. I am requesting this information under the Freedom of Information Act (FOIA):

Location of Information Requested: _____
Inclusive Dates (if known): _____
Case File Number (if known): _____

2. I am willing to pay any processing fees, greater than \$15.00, associated with this request, and am aware that I will be notified in advance.

Signature

* For more information please contact:
Office of the Staff Judge Advocate
MCB Camp S.D. Butler, Building 1, Room 5

* 20 WORKING DAYS are allotted to complete a FOIA request.
SECNAVINST 5720.42F